

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

SERIAL NO. 10554397	FILING DATE
APPLICANT	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/				52						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.			5				TOTAL REQ.						
TOTAL OCC.		13					TOTAL OCC.						
TOTAL CLADS		18					TOTAL CLADS						

BEST AVAILABLE COPY